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Under the Paperwork Reduction Act of 1895, his persons are regulated to respond to a collection of Information unless it displays a valid CMB confirst number. PATENT APPLICATION FEE DETERMINATION RESERD Bubellite for Form PTO-876 APPLICATION AS FILED - PART I (Oolumn 1) (Column 2) OTHER THAN SMALL ENTITY .OR SMALL ENTITY FOR NUMBER FILED NUMBER EXTRA BASIO FEE RATE (\$) FEE (\$) (87 OFR 1.15(a), (b); or (o)) . N/A RATE (\$) FEE (\$) SEARCH FEE (87 OFR 7.16(K), (D), or (my) NA . N/A N/A N/A N/A EXAMINATION FEE (87 OFR 1.16(0), (p), or (q)) N/A N/A N/A N/A TOTAL CLAIMS N/A NA (37 CFR 1.16(1)) minus 20 = MDEPENDENT CLAIMS 25 = (37 OFR 1.16(N) OR 50 minus 3. = x 105 = If the specification and drawings exceed 100 200 APPLICATION SIZE sheels of paper, the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See (37 CFR 1.16(a)) 35 U.S.C. 41(a)(1)(G) and 37 CFR 1:16(s). MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.180)] 185 If the difference in column 1 is less than zero, enter *0* in column 2. 370 TOTAL APPLICATION AS AMENDED - PART II TOTAL (Column 1) (Column 2) (Column 3) OTHER THAN CLAIMS REMAINING SMALL ENTITY OR HIGHEST SMALL ENTITY NUMBER PRESENT AFTER RATE (\$) PREVIOUSLY PAID FOR AQDI-EXTRA MENDMENT RATE (\$) ADDI-TIONAL FEE (\$) Total TIONAL FEE (\$) \boldsymbol{C} Minus x 25 Independent Of CFR 1,16(N) Minus ÖR .50 AMEN Application Size Fee (37 CFR 1.16(s)) x 105 = = 210 OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 OFF 1.16(n)) 185 340 OR: TOTAL ADD'L FEE TOTAL ADD'L FEE OR (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST REMAINING NUMBER PRESENT AFTER AMENDMENT RATE (\$) ADDI-RATE (\$) ADDI-TIONAL PAID FOR TIONAL Total OF LIST Minus FEE (\$) FEE (\$) Independent of OFA 1.160V). x 25 Minus × 50 OR Application Size Fee (37 CFR 1.16(s)) x 105 x 210 OR. FIRST PRESENTATION OF MULTIPLE DEPENDENT OLAIM. (37 OFR 1.160) 185 TOTAL ADD'L FEE * If the entry in column 1 is less than the entry in column 2, write "o" in column 3.

*If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1. TOTAL ADD'L FEE The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by line public which is to file (and by the including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND THES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Optimize to refer to the complete of the complete of

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